



Wave Away The Waiting..

for National Minority Donor Awareness Week

2016 Vendor Registration Form

Health Fair and Registration Drive: August 3, 2016, 10 a.m. to 2 p.m.

James R. Thompson Center, 100 W. Randolph St., Chicago, IL 60601

Secretary of State Life Goes On Organ/Tissue Donor Program

Principal Contact Participant: _____

Title: _____

Organization: _____

Address/P.O. Box: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Email: _____

The following equipment will be available for each vendor:

- 1 table
- 2 chairs (Please contact us if more chairs are needed for volunteers).

By signing this document, I acknowledge that:

- This event is open to the public, and I take full responsibility for the safekeeping of my equipment and promotional items.

Signature of Principal Contact: _____

For more information, please contact Felicia Lee at flee@ilsos.net